

Harrisburg Human Relations Commission
Use only

Docket No. _____
EEOC No. _____
Social Security No. _____

HRC can investigate complaints of discrimination based upon race, color, religion, ancestry, age (40-70), sex, national origin, non-job related handicap or disability, known association with a handicapped or disabled individual, a general education development certificate, sexual preference/orientation, familial status, place of birth, marital status.

IN-10 FORM

DEMOTION QUESTIONNAIRE

Questionnaire on the incident you are complaining about.

Rev.-10-01

To avoid rewriting your answers, please read this short questionnaire from beginning to end before filling out your answers to individual questions. Please answer every applicable question as fully as possible, and to the best of your present knowledge, information and belief. If you are unsure of your answer, please say so. It is your responsibility to notify this Agency of a change of address or times of unavailability. Failure to notify this Agency may result in dismissal of the matter.

Name _____

Address _____

City _____ State _____ Zip Code _____

County _____ Telephone No. H () _____ W () _____

May we call you at work? Yes _____ No _____

Caution: Failure to correctly identify the name of the legal entity you are complaining about will hinder the processing of your complaint. Bring pay stubs, W-2 forms, contracts, etc. to aid in verification of the name and address.

Name of Organization your complaint is against:

Name _____

Address _____

City _____ State _____ Zip Code _____

Type of Business _____

Number of employees who work at the organization named above. Please check one.

Less than 4 _____ 15 to 100 _____ 201 to 500 _____ Unknown _____

4 to 14 _____ 101 to 200 _____ 501 plus _____

Name and address of person who will know how to contact you and who does not reside in your home.

Name _____

Address _____

City _____ State _____ Zip Code _____

Telephone No. H () _____ W () _____

In this Questionnaire, you will see the word "class" mentioned. **Class means the person's race, sex, age, ancestry, religion and so on.** Depending on the issues in the complaint, you may belong to two or more classes. For example, a Black female could belong to two classes: race/Black and sex/female. A White male could belong to race/White and sex, male. All persons named in the complaint or questionnaire should be identified by their class as follows: John Doe (White male), John Doe (under age 40), Jane Doe (Black female). For example, if your complaint is based on race, include the race of all persons mentioned. If it is a sex complaint, mention the sex of all persons mentioned.

1. **Discrimination means difference of treatment.** Please explain what happened to you and why you feel you were treated differently. In other words, what happened to persons of a different class that makes you feel they received more favorable treatment than you.

2. If you believe the organization treated you this way because of one or more of the reasons listed below, please check those reasons. If you believe the employer treated you this way for a reason which is not listed, explain what you believe to be the reason.

<input type="checkbox"/> Sex	<input type="checkbox"/> Ancestry	<input type="checkbox"/> Age (40-70)	<input type="checkbox"/> Date of Birth
<input type="checkbox"/> Race	<input type="checkbox"/> National Origin	<input type="checkbox"/> Use of guide dog or support animal	
<input type="checkbox"/> Color	<input type="checkbox"/> GED	<input type="checkbox"/> Sexual preference/Orientation	
<input type="checkbox"/> Religious Creed	<input type="checkbox"/> Retaliation		
<input type="checkbox"/> Place of Birth	<input type="checkbox"/> Marital Status	<input type="checkbox"/> Non-job related handicap/disability	
<input type="checkbox"/> Familial Status		identify your disability _____	

3. What date were you hired by the employer that demoted you?

4. What jobs have you held during your employment with this employer, including your present position?

Job Title/Dept. _____

Grade _____ Salary _____ Salary Range _____

Work Hours/Shift _____ Length of Time on Job _____

5. What date were you demoted? _____
6. Who recommended this demotion? _____
7. What reasons were you given for this demotion? _____

8. If the reason given for your demotion related to your work habits, what explanation for your performance, or conduct, did you give to the employer?

9. Did your explanation for your conduct or performance cause the employer to reconsider or delay your demotion in any way?
Yes _____ No _____
Please explain. _____

10. Were any other reasons given by your employer for this demotion accurate?
Yes _____ No _____
Please explain. _____

11. If the employer gave a reason for your demotion related to your work performance, can you name any employee(s) who did the same thing or something worse who was not disciplined or demoted?
Name _____ **CLASS** _____
Job Title/Dept. _____

Please submit a copy of any letters or notices from your company concerning discipline.

What did the person(s) do? _____

What discipline was given? _____

12. If you have them, please attach any Job Descriptions, Performance Standards of your previous position, plus any Codes of Conduct, Rules or Attendance, as applicable. If they are not in writing, what is your understanding of them?

13. If you have it, please attach a copy of any written procedure your employer may have with respect to discipline, reorganization and retrenchment, if applicable. If it is not in writing, what is the practice, or your understanding of it?

14. Were you warned/disciplined before this demotion about **ANY** violations of your employer's rules?

Yes _____ No _____

If yes, what was the date of the warning/discipline? _____

Was it Oral, Written or a suspension? _____

Who gave you the warning/discipline? _____

What was his job title? _____ **CLASS** _____

What was the reason for the warning/discipline? _____

15. If the reason given for your demotion is related to reorganization or retrenchment being conducted by your employer, what objections did you give your employer regarding its rationale for the demotion?

16. If the employer gave a reason for your demotion related to reorganization, can you name any employee(s) who you felt should have been demoted before you?

Name _____ **CLASS** _____

Job Title/Dept. _____

Explain why you feel this person should have been demoted before you.

Name _____ CLASS _____

Job Title/Dept. _____

Explain why you feel this person should have been demoted before you.

17. Did you suffer a salary loss, or any other loss, because of this demotion?

Yes _____ No _____

If yes, please give the amount of loss and explain.

18. Are you a union member?

Yes _____ No _____

If yes, what is the name of your union?

Address _____

Telephone Number ____ () _____ Business Agent _____

19. Did you file a grievance regarding the above problem?

Yes _____ No _____

If so, attach a copy of the grievance. Explain what step your grievance is now in. Give both step number and letter, and the name and title of the union official dealing with your grievance.

20. Are you a civil service employee?

Yes _____ No _____

21. Did you file a civil service complaint regarding the above problem?

Yes _____ No _____

22. What is/was the status of your civil service complaint, if applicable?

23. Have you filed a complaint about this matter with any other commission or agency?

Yes _____ No _____

If so, please specify the commission or agency and the date you filed, to the best of your recollection.

Commission or Agency _____

Date Complaint Filed _____

Docket Number, If Known _____

24. Have you taken any court action regarding this matter?

Yes _____ No _____

If so, please specify in what court and the date you filed, to the best of your recollection.

Name of Court _____

Date Action Filed _____

City _____ County _____

If there are other facts you feel should be considered, record these on the last page of the questionnaire **(Continuation Page)**.

I hereby verify that the statements contained in this complaint are true and correct to the best of my knowledge, information and belief. I understand that false statements herein are made subject to the penalties of 18 PA.C.S. Section 4904, relating to unsworn falsification to authorities.

Signature_____
Date_____
Address_____
City, State and Zip Code() _____
Telephone Number

CONTINUATION PAGE

For use if additional pages are needed to answer any question(s). Indicate the question number that is being answered before each response below.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.